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To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment U.S. Patent and Trademark Office	(571) 273-8300	

FROM: Michael R. Ward
Reg. No. 38,651

DATE: June 30, 2006

Number of pages with cover page:	10	
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RE: U.S. Patent Application Serial No. 10/519,333 (PCT/SE03/001135)
Filed: June 23, 2005
For: MULTILAYER MICROSTRUCTURAL DEVICE
By: Fredrik NIKOLAJEFF et al.
Art Unit: 2874
Examiner: J. T. Rahll
Our Reference: 514862001700

ATTACHED DOCUMENTS:

1. Transmittal (1 page)
2. Fee Transmittal, in duplicate for fee processing (2 pages)
3. Petition for Extension of Time - 1 month (1 page)
4. Amendment in Response to Office Action (5 pages)

COMMENTS: Please see attached documents. Thank you.

sf-2151547

JUN 30 2006

PTO/SB/21 (09-04)

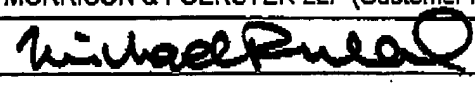
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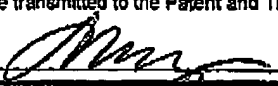
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/519,333 (PCT/SE03/001135)	
	Filing Date	June 23, 2005	
	First Named Inventor	Fredrik NIKOLAJEFF	
	Art Unit	2874	
	Examiner Name	J. T. Rahll	
Total Number of Pages in This Submission	9	Attorney Docket Number	514862001700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal, in duplicate for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile cover sheet, not included in this page count.
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)	
Signature		
Printed name	Michael R. Ward	
Date	June 30, 2006	Reg. No. 38,651

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: June 30, 2006	Signature:  (Leah Kjellen)

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DUPLICATE COPY FOR FEE PROCESSING JUN 30 2006

PTO/SB/M7 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4519). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/519,333 (PCT/SE03/001195)
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	June 23, 2005
60.00		First Named Inventor	Fredrik NIKOLAJEFF
		Examiner Name	J. T. Rahl
		Art Unit	2874
		Attorney Docket No.	514862001700

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
12	- 20 =	x	n/a			0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 =	x	n/a

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number): x		0.00

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1252 Extension for response within first month	60.00

SUBMITTED BY

Signature	<u>Michael</u>	Registration No. (Attorney/Agent)	38,651	Telephone	(415) 288-6237
Name (Print/Type)	Michael R. Ward	Date	June 30, 2006		

sf-2155434